MEPRS: Our Cost Accounting System

Data Quality Course



Objectives

By the end of this presentation, you will:

- Understand the history and purpose of MEPRS
- Recognize the elements that comprise the MEPRS account structure
- Be familiar with the expense allocation process
- Understand how data quality affects MEPRS and be aware of the tools available to improve data quality
- Be able to locate and research MEPRS related information associated with the DQ Management Control Review List

Introduction

• MEPRS: Medical Expense and Performance Reporting System

Origin of MEPRS:

- -Evolved from two historical systems
 - the Uniform Chart of Accounts (UCA), and
 - the Uniform Staffing Methodologies (USM)
- -The UCA focused on tracking expenses and the USM was concerned with manpower resources
- -In January 1985, the two systems were combined and the "MEPRs System" was born.

Introduction

• Purpose:

- -Provide <u>uniform reporting</u> of expense, manpower, & workload for DoD Medical Treatment Facilities (MTF)
- -MEPRS is a system of <u>manpower</u>, <u>cost distribution</u> and <u>expense reporting</u> that provides management with a basic framework for cost and work center accounting.
- -Standardized reporting by Functional Cost Code (FCC)
- MEPRS = Information
- EAS = the hardware and software in which the information resides.

Introduction

MEPRS Data: DoD-Standardized, Aggregated by FCC

- Service-specific Financial data

 Army: STANFINS
 (Standard Army Financial System)

Navy: STARS/FL
(Standard Accounting and Reporting System-Field Level)

Air Force: CRIS PBAS (Commander's Resource Integration System)

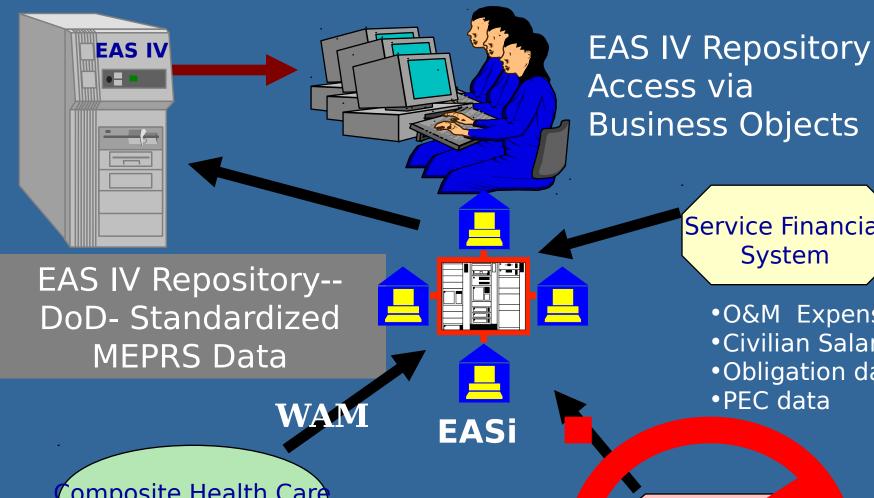
- Program Budget Accounting System)
 Service-specific Personnel data
 Army: UCAPERS

(UNIFORM CHART OF ACCOUNTS PERSONNEL UTILIZATION SYSTEM)

Navy: SPMS (Standard Personnel Management System)

- Air Force: AF Personnel Sub-System of EAS
- Workload
 - CHCS / WAM

(Composite Health Care System / Workload Assignment Module)



Composite Health Care System (CHCS)

- Admissions/Discharges
- Bed Days
- Visits
- Ancillary Workload

Service Financial System

- O&M Expense
- Civilian Salary
- Obligation data
- PEC data

Service (Sonnel stem

> • Manpower da **MILPERS**

MEPRS Data

Financial Data

- Kinds of Dollars
 - -Pay Data
 - Military
 - Civilian
 - -Contracts
 - -Supplies
 - -Equipment
 - -Base Operations
 - -Depreciation



Financial Data

- Pay Source Differences
 - -Military Pay
 - Service-specific Composite Military Pay Tables
 - Special Pays not medical-unique
 - -Civilian Pay
 - Army / Navy use actual pay from Service financial system
 - Air Force uses Composite Civilian Pay Tables

Financial Data

DoD-standardized financial data

DoD	Air Force	Army	Navy
SEEC - Standard	EEIC - Element of		
Expense Element	Expense	EOR - Element of	EE - Expense
Code	Investment Code	Resource	Element
		AMSCO - Army	
PEC - Program	PEC - Program	Management	SAG - Subactivity
Element Code	Element Code	Structure Code	Group

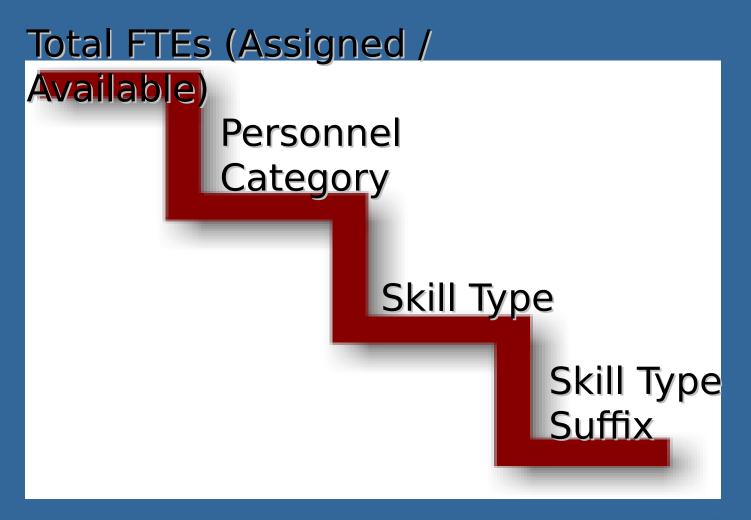


Service-specific pure financial data are also available in the EAS IV Repository

Personnel Data

- Full Time Equivalent (FTE)
 - -Amount of labor available to the MTF work center if a person works 1 month
 - -168 Man-Hours = 1 FTE (Avg. 21 Days/Month x 8 Hours)
- Assigned FTEs
 - -Listed on facility manning documents
- Available FTEs
 - Includes assigned, attached, borrowed, contracted, volunteers
- Non-Available FTEs
 - -Annual Leave, Sick Leave

Personnel Data



Personnel Data

Total FTEs

Person Catego, y

Officer Enlisted Civilian Contract Other

Clinicians

Direct Care Professionals

Specialist

Registered Nurses Direct Care Paraprofessionals

Admin/ Clerical/Log

Physician Dentist Medical Resident Medical Fellow Medical Intern Dental Fellow Dental Physician Assistant Registered
Nurse Practitioner Nurse
Nurse Midwife Other
Nurse Anesthetist
Community Health
Occupat. Health
Nurse
Clinical Nurse

LPN or LVN
Nursing
Assistant
Other

 $T \supset$

Logistics Clerical Administrato r Other

Workload Data

 With few exceptions (e.g., biomedical equipment repair), the source of MEPRS workload data is CHCS

The Workload Assignment Module (WAM)
 of CHCS automates the interface with EAS
 and includes beneficiary category and
 Current Procedural Terminology (CPT) data

Workload Data

- Inpatient Services (A)
 - -Admissions
 - -Dispositions
 - -Occupied Bed Days
 - -Bassinet Days
- Ambulatory Services (B)
 - -Ambulatory Visits
 - -Evaluation & Management (E&M) Codes
 - -CPT Codes

Workload Data

- Ancillary Services (D)
 - -Raw and Weighted Procedures
 - -Minutes of Service (Surgical Services)
 - -Hours of Service (ICU)
 - -CPT-4 Codes (EAS IV)
- Special Programs (F)
 - -Immunizations
 - -Visits

MEPRS Account Structure (Functional Cost Codes)

- 4-letter MTF-specific codes representing work centers or reporting facilities; used to track costs, workload and FTEs
- First 3 letters are DoD-standard
- The first letter identifies the type of service provided:
 - A Inpatient Care
 - **B** Ambulatory Care
 - C Dental Care

- D Ancillary Services
- **E** Support Services
- F Special Programs
- **G** Medical Readiness

- The second letter identifies Summary Accounts within MTF functional categories:
 - B = AMBULATORY CARE
 - BA = Medical Care
 - BB = Surgical Care
 - BC = Obstetrical//Gynecological Care
 - BD = Pediatric Care
 - BE = Orthopedic Care
 - BG = Family Practice Care
 - BH = Primary Medical Care

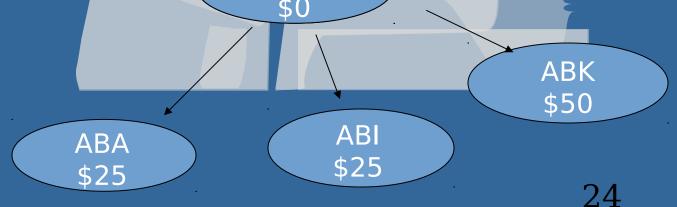
- The third letter identifies particular work centers within Summary Accounts:
 - B = AMBULATORY CARE
 - BH = PRIMARY MEDICAL CARE
 - BHA = Primary Care Clinics
 - BHB = Medical Examination Clinic
 - BHC = Optometry Clinic
 - BHE = Speech Pathology Clinic
 - BHF = Community Health Clinic
 - BHG = Occupational Health Clinic

- The fourth letter is MTF-unique and used to identify specific types of costs and workload:
 - B = AMBULATORY CARE
 - BH = PRIMARY MEDICAL CARE
 - BHA = Primary Care Clinics
 - BHAA = Primary Care Clinic Parent Facility
- *Note: A value of "5" in the 4th position is reserved for Ambulatory Procedure Visits (APV) costs and

Cost Pools

- -Cost pools are identified with an "X" in the 3rd FCC position.
- -Used when time and expense cannot be specifically assigned because two or more work centers share space, personnel or supplies. For example, mixed wards.
- -Expenses and FTEs in cost pools are reassigned (purified) on the basis of workload.
- -Cost pools are purified in alphabetical order before allocation of support and ancillary expenses.

- Ward 3E has a supply closet shared by three specialties -- Cost Pool ABX (\$100)
 - -ABA General Surgery (25 OBDs)
 - -ABI Plastic Surgery (25 OBDs)
 - -ABK Urology (50 OBDs)
- Supply costs accumulated in ABX (\$100) are purified based on each specialty's proportional Ward 3E occupied (ABX (SBDs))



Expense Allocation

- Final Operating Accounts
 - A Inpatient Care
 - B Ambulatory Care
 - C Dental Care
 - F Special Programs
 - G Medical Readiness
- Intermediate (Stepdown) Accounts
 - D Ancillary Services
 - E Support Services
- Ancillary and Support expenses are allocated (stepped-down) across final accounts

 Allocation (stepdown) of Support Services and Ancillary Services costs across final operating accounts

- Costs are allocated based on performance factors established by DoD 6010.13M
 - -Weighted procedures performed
 - -Hours / Minutes of Service performed
 - -Square footage cleaned

First, <u>Support Services</u> ("E" accounts) expenses are allocated

E Support Services

accountc

Other E Accnts

Each Support Services FCC is allocated until no expenses remain in "E"

Inpatie nt Care Amb. Care Dental Service **Ancillar** Special Progs G Med Readines

Then, <u>Ancillary Services</u> ("D" accounts) expenses are allocated

D Ancillary Services

accounte

Other D Accnts

Each Ancillary Services FCC is allocated until no expenses remain in "D"

Care B Amb. Care

Inpatie

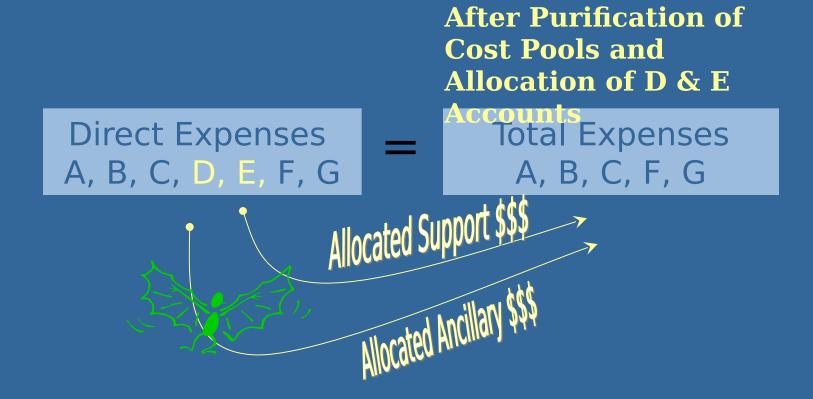
C Dental Service S

F Special Progs

G Med Readines s

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Total Expenses



Total Expenses

Total Expenses

Business Objects Formula

Direct Expense

- + Purified Expense
- + Stepdown Expense Contributed
- + Stepdown Expense from D
- + Stepdown Expense from E

= Total Expenses

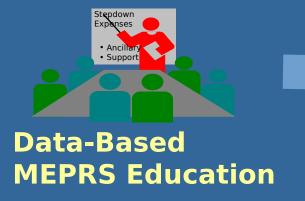
MEPRS Data Quality

MEPRS Data Quality Challenge

- Data quality issues in MEPRS generally result from:
 - Insufficient vigilance or attention to data quality
 - Lack of <u>effective</u> education and training
 - Inconsistent implementation of policies, guidelines and business rules
 - System-related issues -- transmission or processing <u>errors</u>

MEPRS Data Quality Challenge

Active Feedback and Continuous Process Improvement









mproved MEPR
Data Quality

MEPRS Policy and Busir Rules Oversight

MEPRS Training, Education and Information Sharing



Tri-Service MEPRS
 Application
 and Data Improvement
 (MADI)
 workshop FY06 attendance:
 66





- MEPRS.INFOrmer is the new MEPRS quarterly newsletter launched 1Q FY04
- Updates MEPRS stakeholders on policy issues, data quality activities, and best practices for MEPRS process improvement



provides thousands of MHS personnel the opportunity to interact with centrally available MEPRS tools and metrics, and learn about resources available through the MEPRS Information Portal

MEPRS Information Web Portal



 The www.MEPRS.INFO web portal is hosted at the

TRICARE web server – www.tricare.osd.mil

 The MEPRS Information Portal is the gateway to MEPRS-related

resources,
including policy
documents,

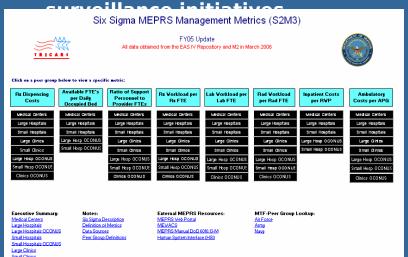
learning materials, data

quality surveillance tools, metrics, and much more 35

Tri Corvina utilization

Surveillance and Management Metrics

- -MEWACS provides monthly MEPRS data quality feedback, systematically highlighting potential MTF data anomalies
- -Human Systems Interface (HSI) provides expert data quality and analysis assistance to field, serving as the link between MEPRS education and data quality





- The Six Sigma MEPRS Management Metrics (S2M3) workbook is an interactive tool containing seven key MEPRS-based performance metrics
- S2M3 is a blend of Direct Care and civilian industry benchmark metrics
- Updated Semi-annually on the FY

MEPRS Policy & Business Rules Oversight

DoD 6010.13M

- Provides Tri-Service guidance to all MEPRS reporting MTFs / DTFs
- -Contains policy and guidance for implementation of MEPRS program
- -Download from/access Online: www.meprs.info

Chapter 1:	Background
Chapter 2:	Chart of Functional Cost Codes
Chapter 3:	Manpower & Expense Assignment
Chapter 4:	Reporting Requirements
Chapter 5:	MEPRS Issue Process
Appendices	Acronyms, Definitions, Guidelines for reporting FTE

MEPRS Policy & Business Rules Oversight

- MEPRS Management Improvement Group (MMIG)
 - Established in 1999
 - Provides Functional Oversight
 - Tri-Service Integration, Standardization and Compliance
 - Automated Information System Oversight
 - Coordinates Policy / Action with Resource Management Steering Committee (RMSC)
 - Meeting Minutes and Information on www.meprs.info

Issue Identification / Resolution

HA / TMA Directorates

TMA Programo /



Morkoroups (UBU)









Question A.7.c)

"Has your Data Quality
Manager/Assurance Team members
attended the MEPRS Application and
Data Improvement (MADI) course?"

WWW.MEPRS.INFO

FY07 MADI Schedule

July 10 – 11, San Antonio August 7 – 8, San Antonio

WWW.MEPRS.INFO

MADI Workshops Info & Registration MEPRS Newsletter
MEPRS.INFOrmer

Data Quality Surveillance MEWACS

2004 MEPRS Conference Six Sigma MEPRS Management Metrics (S2M3)

MMIG
Minutes & Briefings

MEPRS Manual DOD 6010.13-M Human System Interface (HSI)

MEPRS Learning Resources

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Portal

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Question C.1.c)

"Has the MTF DQ Manager / MEPRS Manager reviewed the following information presented in the current version MEPRS Early Warning And Control System Report?"

WWW.MEPRS.INFO

MADI Workshops
Info & Registration

MEPRS Newsletter
MEPRS.INFOrmer

Data Quality Surveillance MEWACS

2004 MEPRS Conference Six Sigma
MEPRS Management
Metrics (S2M3)

MMIG
Minutes & Briefings

MEPRS Manual DOD 6010.13-M Human System Interface (HSI)

MEPRS
Learning Resources

MEDRS Information Web

Portal

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Review Item 1. "EAS IV Repository MEPRS data load status and compliance with the 45-day reporting suspense or Service Guidance whichever is earlier.

If the facility has a pattern (2 or more) of flagged cells on this tab, have they corrected it or developed a plan to correct it? Provide an explanation..."

DQMC Review List / Load Status



DQMC Review List / Load Status

SHOW METRIC

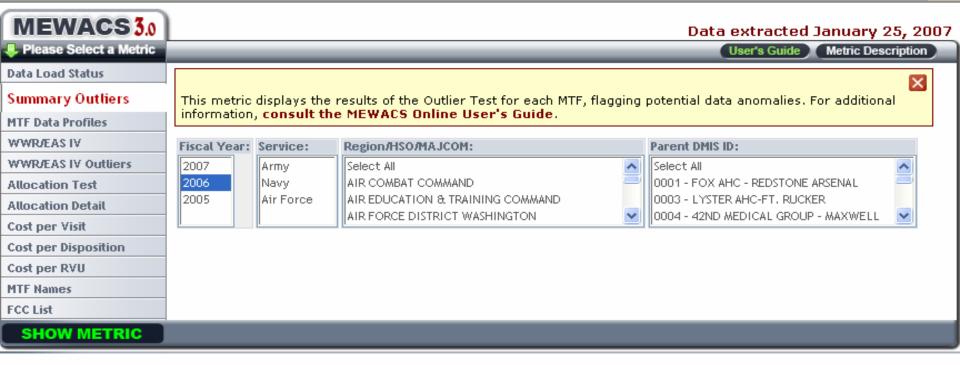
Percent of 2007 MEPRS Data Reported(Completion):	82.6%
Current Fiscal Month Compliance with 45-day Reporting Requirement(Compliance):	55.4%
YTD Compliance with 45-day Reporting Requirement:	22.5%
Percent of MTFs with 3 or more late MEPRS data submissions:	70.2%

Data Load Status										
ID	Name	Service	01	02	03	04	•			
0001	FOX AHC - REDSTONE ARSENAL	А	1/30/2007	2/12/2007	2/13/2007					
0003	LYSTER AHC-FT, RUCKER	А	1/25/2007	2/6/2007	2/13/2007	3/1/2				
0004	42ND MEDICAL GROUP - MAXWELL	F	2/7/2007	2/8/2007	2/20/2007	3/6/2	Ш			
0005	BASSETT ACH-FT. WAINWRIGHT	A	1/25/2007	2/7/2007	2/22/2007	3/7/2				
0008	R W BLISS AHC - FT. HUACHUCA	A	1/30/2007	2/16/2007	2/28/2007	3/14/				
0009	56th MED GRP-LUKE	F	2/15/2007	2/20/2007	2/21/2007	2/26/				
0010	355th MED GRP-DAVIS MONTHAN	F	3/7/2007	3/8/2007	3/9/2007	3/12/				
0013	314th MED GRP-LITTLE ROCK	F	2/15/2007	2/21/2007	2/23/2007	2/26/				
0015	9th MED GRP-BEALE	F	3/15/2007							
0018	30th MED GRP-VANDENBERG	F	2/2/2007	2/7/2007	2/9/2007	3/15/				
0019	95th MED GRP-EDWARDS	F	2/6/2007	2/7/2007	2/20/2007	3/5/2				
0024	NH CAMP PENDLETON	N	1/10/2007	1/19/2007	1/31/2007	3/2/2				
0029	NMC SAN DIEGO	N	1/17/2007	2/2/2007	2/9/2007	3/1/2				
0033	10th MED GROUP-USAF ACADEMY CO	F	1/26/2007	1/30/2007	2/14/2007	3/13/				
0036	436th MED GRP-DOVER	F	2/28/2007	3/5/2007	3/12/2007	3/15/				
0037	WALTER REED AMC-WASHINGTON DC	A	1/29/2007	2/14/2007	2/28/2007					
0038	NH PENSACOLA	N	1/11/2007	1/17/2007	1/29/2007	2/28/				
0042	96th MED GRP-EGLIN	F	2/14/2007	2/27/2007	3/15/2007		¥			
4						•				

Review Item 2. "MTF-specific summary data outliers and variance assessments."

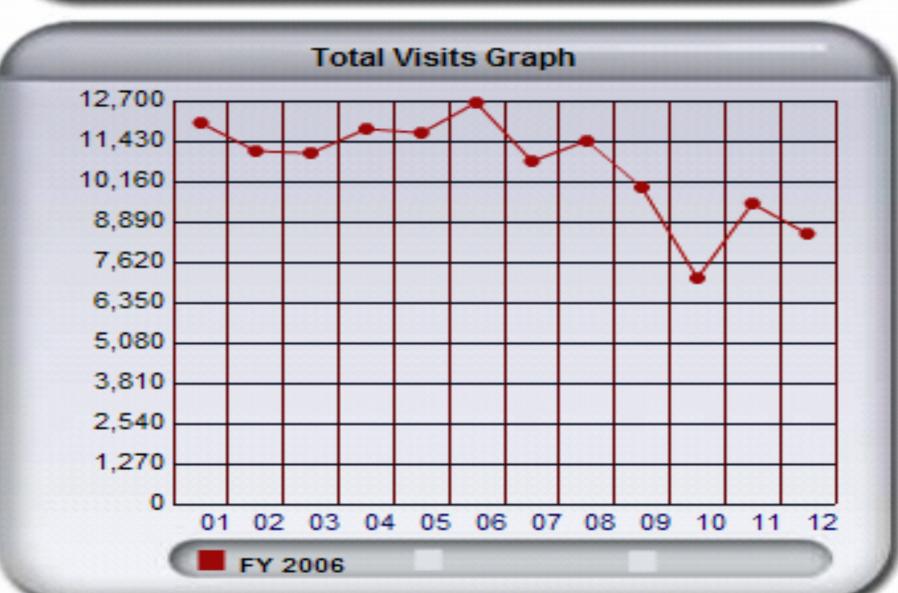
If the facility has any Prior Fiscal Year or Current Fiscal Year flagged cells on this tab, provide an explanation..."

DQMC Review List / Outliers



	DMIS ID	DMIS Name	Service	Dispositions	Total Visits	Personnel Direct	Total Expenses	Assigned FTEs	-
1	0003	LYSTER AHC-FT, RUCKER	А			02		01,02	
2	0005	BASSETT ACH-FT. WAINWRIGHT	Α	12	11 ,12	01			
3	0006	3rd MED GRP-ELMENDORF	F	01	01				
4	8000	R W BLISS AHC - FT. HUACHUCA	А			05 ,12			
5	0009	56th MED GRP-LUKE	F		10				
6	0010	355th MED GRP-DAVIS MONTHAN	F				11		
7	0013	314th MED GRP-LITTLE ROCK	F		09	01		03	
		Grand Total		16	30	72	58	55	-
4								b	

DQMC Review List / Outliers



DQMC Review List / Outliers

100	- B	_1			641	
MTI	F I)	ЯΠ	al	urn	ш	PC.

For some months, total expenses may appear high because of their FCA component.

These values are not considered outliers.

These values are not considered valuers.									
Data Type	2006-08	2006-09	2006-10	2006-11	2006				
Dispositions	0.00	0.00	0.00	0.00	0.0				
Total Visits	11,457.00	9,972.00	7,125.00	9,488.00	8,5				
Assigned FTEs	473.15	469.15	457.45	466.55	468				
Available FTEs	531.53	519.95	439.96	552.40	501				
Personnel Direct	2,848,097.00	2,834,742.00	2,729,835.00	2,778,189.00	2,7				
Total Expenses	5,503,320.81	5,235,696.05	5,118,610.21	6,033,343.95	5,6				
Cost Per Disposition	0.00	0.00	0.00	0.00	0.0				
Cost Per Visit	283.49	293.79	398.98	342.10	385				
Pers \$ Per As. FTE	6,019	6,042	5,968	5,955	5,9				
Pers \$ Per Av. FTE	5,358	5,452	6,205	5,029	5,5				





Review Item 3. "WWR-EAS IV total ambulatory visit comparison.

If the facility has any Prior Fiscal Year or Current Fiscal Year fiscal month data where WWR vs. EAS IV visit counts differ by greater than 5%, provide an explanation..."

DQMC Review List / WWR-EAS IV

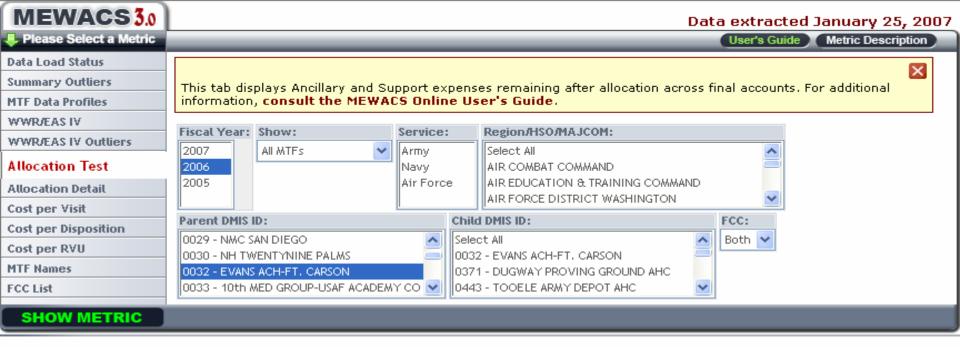


	WWR/EAS IV Outliers:									
				0006-3rd MED GRP-ELMENDORF						
FM	WWR Total Visits	EAS IV Total Visits	Difference							
01	14,660	29,293	99.8%							
Total:	14,660	29,293	99.8%							
				0013-314th MED GRP-LITTLE ROCK						

Review Item 4. "Ancillary and Support expense allocation tests.

If the facility is flagged in Prior Fiscal Year or Current Fiscal Year due to incomplete allocation of ancillary or support expenses, provide an explanation...including projected date for submitting corrected data."

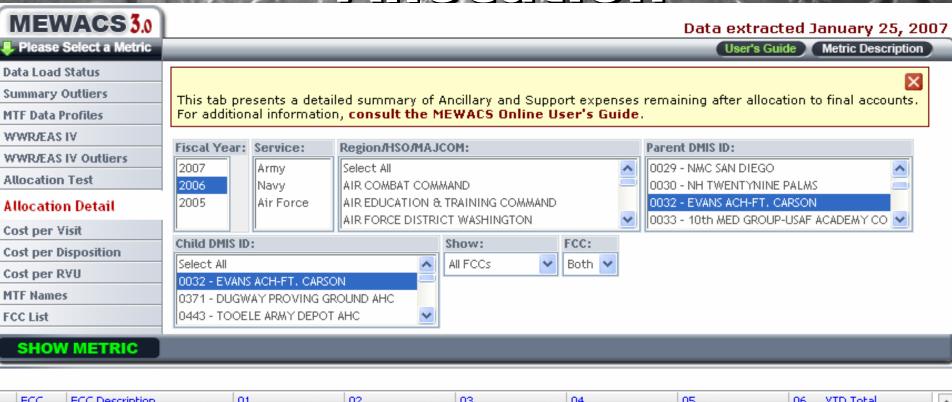
DQMC Review List / Allocation



Cumulative Statistics for 2006				
Total expenses unallocated:	\$ 3,732.0			
Percent of MTFs with expenses unallocated:	16.7%			

	ID	Name	01	02	03	04	05	06	YTD Total
1	0032	EVANS ACH-FT, CARSON	\$- 1,052						\$ 3,732
2	0371	DUGWAY PROVING GROUN							\$ 0
3	0443	TOOELE ARMY DEPOT AHC							\$ 0
4	1825	USADC LARSON							\$ 0
5	1826	USADC SMITH							\$ 0
6	1827	USADC-1 FT. CARSON							\$ 0

DQMC Review List / Allocation



	rcc	FCC Description	01	02	03	04	05	00	TID TOTAL	
22	DFC	POST ANESTHESIA CARE U	\$- 1,052						\$- 1,052	
23	DFCA	0032 - RECOVERY ROOM	\$- 1,052						\$- 1,052	
24	DGA	AMBULATORY PROCEDURE							\$ 0	_
25	DGAA	0032 - SAME DAY SURGERY							\$ 0	
26	DGE	AMBULATORY NURSING SE							\$ 0	
27	DGEA	0032 - AMBULATORY NURS							\$ 0	
28	DGEB	0032 - AMB NUR SVCS - PR							\$ 0	_
29	DHA	INHALATION/RESPIRATOR							\$ 0	-
4									F	A

Review

You should now:

- ✓ Understand the history and purpose of MEPRS
- ✓ Recognize the elements that comprise the MEPRS account structure
- ✓ Be familiar with the expense allocation process
- ✓ Understand how data quality affects MEPRS and be aware of the tools available to improve data quality
- ✓ Be able to locate and research MEPRS related information associated with the DQ Management Control Review List

MEPRS: Our Cost Accounting System

Questions?

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